

1.a Application Information

If there is a co-applicant, please check here ☐ and provide a duplicate of this page for the co-applicant.

Signature: _____ **Date:** _____

First Name: _____ MI: ____ Last Name: _____
 Job Title: _____
 Address: _____
 City: _____
 State: _____ Zip Code _____
 Phone: _____ Ext: _____ Fax: _____
 Email: _____

| 2. Requested Funding by Activity | | | | |
|--------------------------------------------------------------|------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------|
| Activity | Amount Requested | Program Operator | Result of CDBG Planning/TA Grant? | Target Population (Enter Codes*) |
| General Administration | \$ | <input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: - | | |
| Housing - New Construction | | | | |
| Owner-Occupied | \$ | <input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: - | <input type="checkbox"/> Yes. Grant #: <input type="checkbox"/> No | |
| Renter-Occupied | \$ | | | |
| Activity Delivery | \$ | | | |
| Activity TOTAL | \$ | | | |
| Housing - Acquisition | | | | |
| Owner-Occupied | \$ | <input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: - | <input type="checkbox"/> Yes. Grant #: <input type="checkbox"/> No | |
| Renter-Occupied | \$ | | | |
| Activity Delivery | \$ | | | |
| Activity TOTAL | \$ | | | |
| Housing - Rehabilitation - Single Unit | | | | |
| Owner-Occupied | \$ | <input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: - | <input type="checkbox"/> Yes. Grant #: <input type="checkbox"/> No | |
| Renter-Occupied | \$ | | | |
| Activity Delivery | \$ | | | |
| Activity TOTAL | \$ | | | |
| Housing - Rehabilitation - Multi Unit | | | | |
| Owner-Occupied | \$ | <input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: - | <input type="checkbox"/> Yes. Grant #: <input type="checkbox"/> No | |
| Renter-Occupied | \$ | | | |
| Activity Delivery | \$ | | | |
| Activity TOTAL | \$ | | | |
| Community Facilities | | | | |
| Community Facilities | \$ | <input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: - | <input type="checkbox"/> Yes. Grant #: <input type="checkbox"/> No | |
| Activity Delivery | \$ | | | |
| Activity TOTAL | \$ | | | |
| Public Services | | | | |
| Public Services | \$ | <input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: - | <input type="checkbox"/> Yes. Grant #: <input type="checkbox"/> No | |
| Activity Delivery | \$ | | | |
| Activity TOTAL | \$ | | | |
| Public Works | | | | |
| Public Works | \$ | <input type="checkbox"/> City/County Staff <input type="checkbox"/> Other: - | <input type="checkbox"/> Yes. Grant #: <input type="checkbox"/> No | |
| Activity Delivery | \$ | | | |
| Activity TOTAL | \$ | | | |
| Planning Activities (Only for Colonia applicants) | | | | |
| Planning | \$ | | | |
| Activity TOTAL | \$ | | | |
| 10% Set-Aside (Not applicable for Colonia applicants) | | | | |
| 10% Set-Aside | \$ | | | |
| Activity Delivery | \$ | | | |
| Activity TOTAL | \$ | | | |
| TOTAL Funding Requested | \$ | *Insert code number(s) from Part A- #7. | | |

Part A – Application Summary Forms

3. Location of Activities – U.S. Census

| | Name of CDBG Activity | Jurisdiction-wide or Target Area? | Census Tract Numbers and Block Group Numbers (for target area activities only) |
|----|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 1. | Housing New Construction | <input type="checkbox"/> Jurisdiction- <input type="checkbox"/> Target Area | |
| 2. | Housing Acquisition | <input type="checkbox"/> Jurisdiction- <input type="checkbox"/> Target Area | |
| 3. | Housing Rehabilitation – Single Unit | <input type="checkbox"/> Jurisdiction- <input type="checkbox"/> Target Area | |
| 4. | Housing Rehabilitation – Multi Unit | <input type="checkbox"/> Jurisdiction- <input type="checkbox"/> Target Area | |
| 5. | Community Facilities | <input type="checkbox"/> Jurisdiction- <input type="checkbox"/> Target Area | |
| 6. | Public Services | <input type="checkbox"/> Jurisdiction- <input type="checkbox"/> Target Area | |
| 7. | Public Works | <input type="checkbox"/> Jurisdiction- <input type="checkbox"/> Target Area | |
| 8. | Planning Activities (<u>Only for Colonia Applicants</u>) | <input type="checkbox"/> Jurisdiction- <input type="checkbox"/> Target Area | |
| 9. | 10 percent Set-Aside (<u>Not applicable to Colonia applicants</u>) | <input type="checkbox"/> Jurisdiction- <input type="checkbox"/> Target Area | |

4. Native American Application Information

Native American Applicants ONLY:

1. Identify the Name of the Non-Federally recognized tribe: _____
2. What is the percentage of Native American population within the target area? _____ %
3. What is the name of the rancheria or neighborhood? _____
4. What is the percentage of targeted income group households within the target area? _____ %

Part A – Application Summary Forms

| 5. Proposed Activity(ies) and Beneficiaries by Income Group | | | | | | | | |
|--------------------------------------------------------------------|-----------------------------|---------|----------------------------------|---------|---------------------------------------------------------------------------------|---------|-------------------------|---------|
| | A. 81% & Above (Non-TIG) | | B. Between 51% - 80% (TIG) | | C. Below 50% (LTIG) (There must not be a zero in this section.) | | D. TOTALS | |
| | # of Beneficiaries | | # of Beneficiaries | | # of Beneficiaries | | Total Number of: | |
| Activity ↓ | Households/ Projects | Persons | Households/ Projects | Persons | Households/ Projects | Persons | Households/ Projects | Persons |
| Housing – New Construction (Owner-Occupied) | | | | | | | | |
| Housing – New Construction (Renter-Occupied) | | | | | | | | |
| Housing – Acquisition (Owner-Occupied) | | | | | | | | |
| Housing – Acquisition (Renter-Occupied) | | | | | | | | |
| Housing – Single-Unit Rehabilitation (Owner-Occupied) | | | | | | | | |
| Housing – Single-Unit Rehabilitation (Renter-Occupied) | | | | | | | | |
| Housing – Multi-Unit Rehabilitation (Owner-Occupied) | | | | | | | | |
| Housing – Multi-Unit Rehabilitation (Renter-Occupied) | | | | | | | | |
| Community Facilities | | | | | | | | |
| Public Services | | | | | | | | |
| Public Works | | | | | | | | |
| Planning (for Colonias Only) | | | | | | | | |
| 10% Set-Aside (not for Colonias) | | | | | | | | |

6. Legislative Representative Information

| | District # | First Name | Last Name |
|----------|------------|------------|-----------|
| Assembly | | | |
| Senate | | | |
| Congress | | | |

| | District # | First Name | Last Name |
|----------|------------|------------|-----------|
| Assembly | | | |
| Senate | | | |
| Congress | | | |

| | District # | First Name | Last Name |
|----------|------------|------------|-----------|
| Assembly | | | |
| Senate | | | |
| Congress | | | |

7. Target Populations

- | | |
|------------------------|----------------------------------|
| 1. Physically Disabled | 9. Seniors |
| 2. Persons with AIDS | 10. Mentally Ill |
| 3. Youths | 11. Veterans |
| 4. Single Adults | 12. Victims of Domestic Violence |
| 5. Single Men | 13. Substance Abusers |
| 6. Single Women | 14. Dually-Diagnosed |
| 7. Families | 15. Homeless |
| 8. Farmworkers | 16. Other: _____ |

PART B. – Required Certifications and Documentation

1. Resolution of the Governing Body *This document is required.* See sample in Appendix E.

The Resolution submitted with this application must:

- ☐ be an **original or an original certified copy** of the Resolution; and
- ☐ authorize submission of the application; and
- ☐ approve the application's contents (funding requested, activities, committed leverage, etc.); and
- ☐ authorize its execution (and any amendments thereto); and
- ☐ designate a person authorized to enter into an agreement, if funded.

CDBG strongly recommends that applicants use the suggested language in the sample (Appendix E).

2. Statement of Assurances. *This document is required.*

All applicants must use the form provided by the State (See Appendix C). Original signature is required.

3. Housing Element Status. *Procedural compliance is required.*

The Department will not award funds to any applicant who is not in procedural compliance with their Housing Element by April 2, 2004. No extensions will be granted beyond that date.

4. Compliance with OMB Circular A-133.

All applicants must use the form provided by the State (see Appendix D). Original signature is required.

5. Growth Control. *This information is required.*

Has the applicant enacted limitations on residential construction, which limitations are not establishing agricultural preserves, not imposed by another agency, or not based on a health and safety need?

☐ Yes. If yes, see note below.

☐ No.

NOTE: If the applicant has a General Plan, ordinance, or other measure which directly limits by number either the building permits which may be issued for residential construction, or buildable lots which may be developed for residential purposes, and the measure does not meet any of the exceptions found in the Program Regulations, Section 7056 (b)(2)(B), check "Yes" and attach a copy of the measure in this section of the application.

PART B. – Required Certifications and Documentation

6. Citizen Participation. *This information is required.*

The Program's Public Hearings/Citizen Participation requirements are described in the 2003 CDBG Grant Management Manual, Chapter 18. Use this section of the application to make sure you have met these requirements.

- ☐ Public hearing was conducted during the program design phase of the application.
- ☐ Public hearing was conducted (at least 30 days after program design phase hearing) to approve submittal of the application.
- ☐ Public Notices announcing the public hearings were published in a local newspaper and contained the required information, as stated in the 2003 CDBG Grant Management Manual
- ☐ Sign-in sheets are available for each public hearing.
- Did the jurisdiction receive written comments during the public hearings process prior to submitting this application?
 - ☐ YES. See note below.
 - ☐ NO

Note: If a jurisdiction received written comments as part of the public hearings process prior to submitting the CDBG application, a copy of the comments must be submitted with the application. In addition, the jurisdiction's response must also be included.

Be sure to make an entry on the Application Checklist.

7. Joint Powers Agreement. *This form may be required.*

An Agreement is required by the CDBG Regulations, Section 7060(c) as part of an application on behalf of another jurisdiction or for joint applications. Applicants must prepare an Agreement if the following conditions exist:

- if one application is submitted by two or more jurisdictions, or
- if a county is applying on behalf of a city in the same county, or
- if a county applicant is applying on behalf of itself and a city in the same county

Section 7060(c) provides that such agreements must be on forms provided by the Department. Contact your CDBG Representative to obtain a copy.

Additional provisions may be added by applicants either by attachments to the agreement or by typing additional provisions or exceptions into the spaces provided on the form. Space has been left between each paragraph for applicants to modify any provisions to fit the applicant's particular situation. The applicant should enter "not applicable" if a provision clearly has no meaning in light of the activities proposed. Do not leave any lines blank.

If the applicant proposes to create a separate Joint Powers agency, the Department must be consulted regarding the inclusion of legal requirements.

PART B. – Required Certifications and Documentation

8. NEPA Environmental Certification.

If the proposed activity will include administration, engineering, architectural, or other related services prior to project implementation, the jurisdiction must prepare a Finding of Exemption before beginning work on any of these services (such services are exempt under Part 58.34 of the Federal environmental regulations pertaining to CDBG recipients). In addition to the Finding of Exemption, the Environmental Form 58.6 must also be prepared for each exempt activity.

The jurisdiction may choose to provide this environmental certification (Finding of Exemption and Form 58.6) with this application.

If this application is funded, provision of this certification will expedite commencement of service work upon execution of the State contract.

Additional environmental review documents will be needed after contract execution for other phases of project implementation.

Finding of Exemption

It is the finding of the City/County of _____ that the activities proposed in this application for State Community Development Block Grant funds are exempt from environmental review requirements under NEPA because they are defined as exempt activities in 24 CFR Part 58.34. The activity(ies) judged exempt consist(s) of:

Brief Description of Activities:

NEPA Citation

General Administration Activities

58.34 (a) (3)

1. _____

2. _____

3. _____

Print/Type Name of Authorized Official (per resolution)

Title

Signature

Date

PART B. – Required Certifications and Documentation

U.S. Department of Housing and Urban Development



Pacific/Hawaii Office
450 Golden Gate Avenue
San Francisco, California 94102-3448

PROJECT NAME / DESCRIPTION: _____

Level of Environmental Review Determination: _____

(Exempt per 24 CFR 58.34, Categorically excluded not subject to statutes per § 58.35(b), Categorically excluded subject to statutes per § 58.35(a), Environmental Assessment per § 58.36, or EIS per 40 CFR 1500)

STATUTES and REGULATIONS listed at 24 CFR 58.6

FLOOD DISASTER PROTECTION ACT

1. Does the project involve acquisition, construction or rehabilitation of structures located in a FEMA-identified Special Flood Hazard?

() No; Cite Source Document: _____

(This factor is completed).

() Yes; Source Document: _____ (Proceed).

2. Is the community participating in the National Insurance Program (or has less than one year passed since FEMA notification of Special Flood Hazards)?

() Yes (Flood Insurance under the National Flood Insurance Program must be obtained and maintained for the economic life of the project, in the amount of the total project cost. A copy of the flood insurance policy declaration must be kept on file).

() No (**Federal assistance may not be used in the Special Flood Hazards Area**).

COASTAL BARRIERS RESOURCES ACT

1. Is the project located in a coastal barrier resource area?

() No; Cite Source Documentation: _____

(This element is completed).

() Yes - **Federal assistance may not be used in such an area.**

AIRPORT RUNWAY CLEAR ZONES AND CLEAR ZONES DISCLOSURES

1. Does the project involve the sale or acquisition of existing property within a Civil Airport's Runway Clear Zone or a Military Installation's Clear Zone?

() No; SD _____ Project complies with 24 CFR 51.303(a)(3).

() Yes; **Disclosure statement must be provided** to buyer and a copy of the signed disclosure must be maintained in this Environmental Review Record.

Preparer Signature / Name /Date

Responsible Entity Official Signature / Name / Date

PART C - Applicant Capacity & Funding Sources

1. Capacity

1. Indicate whether you have any CDBG General, Native American, or Colonias grants for the years 2000, 2001, 2002, or 2003?

☐ **Yes. What type:** ☐ **General** ☐ **Colonias** ☐ **Native Americanl Grants**

Specify which year(s):

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Skip question #2.

☐ **NO - Have not had any CDBG Grants in 2000-2003.** **Continue** with question # 2 below.

2. If funded from this application, how will you administer the grant? **You must attach supporting documentation for this part of the application.**

☐ With in-house staff only. (*Attach resumes and duty statements of staff that will be performing the work.*)

☐ With program operator services only.

- *Attach a letter of interest from the program operator that includes a brief description of experience administering CDBG projects.*
- *Neighboring jurisdictions that have previously administered a CDBG project are considered program operators for purposes of this question.*
- *If funded, the Grantee will be required to enter into a contract or sub-recipient agreement, as applicable, with the program operator.*

☐ Some combination of in-house and consultant services. Describe below.
(*Attach resumes, duty statements, letters, etc. as indicated above.*)

PART C - Applicant Capacity & Funding Sources

2. Other Funding Sources - LOCAL

Please identify other funding sources (local), for all activities included in this application. (To be considered as leverage, funding must be committed.)

| Name of CDBG Activity | Use of Funds (General Admin., activity delivery, or the activity) | Source of Funds (Applicant's general fund, RDA funds, other local government, etc.) & Specify Resolution # | Funding Type (Loan, grant, in-kind staffing, fee waivers, etc.) | Dollar Amount | Commitment Date (if applicable) | Page # in application (if applicable) |
|-----------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------|------------------------------------|------------------------------------------|
| | General Admin. | | | \$ | | |
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| | | | | \$ | | |
| TOTAL | | | | \$ | | |

(shaded area is for HCD use only)

| | | | | | |
|---------------------------------------------------------------------------------------------------------|--|-----------------------------|--|--------------------|--|
| If you are proposing any of the following activities, indicate how many housing units will be assisted: | | # of Units: | | Per unit leverage: | |
| Housing Rehab. = _____ | | Housing Acquisition = _____ | | | |

PART C - Applicant Capacity & Funding Sources

3. Other Funding Sources – PRIVATE

Please identify other funding sources (private), for all activities included in this application. (To be considered as leverage, funding must be committed.)

| Name of CDBG Activity | Use of Funds (Activity delivery, the activity) | Source of Funds (Name of Source) Include Commitment Letters | Funding Type (loan, grant, in-kind staffing, discounts, donations, etc.) | Dollar Amount | Commitment Date (if applicable) | Page # in application (if applicable) |
|-----------------------|---------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------|------------------------------------|------------------------------------------|
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| | | | | \$ | | |
| | | | | \$ | | |
| Housing Rehab. | Sweat Equity | _____ Hrs. X \$10 an hour = | | \$ | | |

*Sweat Equity/Lead-Based Paint compliance (see instructions): (check all that apply)

☐ be required to take 1-day Work Safe class

☐ not be allowed to work on any home built prior to

☐ not be allowed to work on any lead areas

Homeowners will:

TOTAL \$

(Shaded area is for HCD use only)

| | | |
|-----------|-------------|--------------------|
| leverage: | # of Units: | Per unit leverage: |
|-----------|-------------|--------------------|

PART C - Applicant Capacity & Funding Sources

4. Other Funding Sources - STATE (cannot be counted as leverage for ranking purposes)

Please identify other funding sources (State), for all activities included in this application.

| Name of CDBG Activity | Use of Funds | Source of Funds (Identify Source) | Funding Type (loan, grant, in-kind, fee waivers, etc.) | Dollar Amount | Committed? (yes/no) |
|-----------------------|--------------|--------------------------------------|--------------------------------------------------------------|------------------|------------------------|
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PART C - Applicant Capacity & Funding Sources

5. Other Funding Sources – Other FEDERAL (cannot be counted as leverage for ranking purposes)

Please identify other funding sources (Federal), for all activities included in this application.

| Name of CDBG Activity | Use of Funds | Source of Funds (Identify Source) | Funding Type (loan, grant, in-kind, fee waivers, etc.) | Dollar Amount | Committed? (yes/no) |
|-----------------------|--------------|--------------------------------------|--------------------------------------------------------------|------------------|------------------------|
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PART C - Applicant Capacity & Funding Sources

| 6. Program Income | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 1. Enter the total amount of Program Income on account as of <u>December 31, 2003</u> : | \$ _____ | |
| 2. Enter the amount of Program Income that has been committed to activities in this application: | | |
| Activities/projects proposed in <u>this application</u> to which Program Income Funds will be added. Identify activities: | Use of Funds (General admin. activity delivery, the activity) | Dollar Amount Committed (per Resolution) Attach Resolution |
| | | |
| | | |
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| | | |
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| | | |
| | | |
| 3. Total Dollar Amount of Program Income funds Committed to activities in this application. | \$ _____ | |
| 4. Total Dollar Amount of Non-Committed Program Income: (1. – 3.) | \$ _____ | |
| Note: All Program Income that is being committed to activities in this application must be identified in the governing body resolution. In addition, the applicant must ensure that proper citizen participation guidelines were followed. | | |

ACTIVITY DESCRIPTION FORMS

This section of the application contains seven color-coded sets of forms with Instructions at the beginning of each section.

| | |
|-------------|--------------------------------------------------------------------------------------------------------------------|
| Green: | Housing--New Construction |
| Pink: | Housing--Acquisition |
| Tan: | Housing--Rehabilitation |
| Blue: | Public Services |
| Golden Rod: | Community Facilities |
| Yellow: | Public Works |
| Lavender: | 10% Set-Aside Activity (Not applicable for Colonias) & Planning Activities (<u>for Colonias only</u>) |

How to proceed:

1. Select the category of activity you wish to propose. You may apply for more than one activity.
2. Pull the appropriate color-coded sections of the application for the activities you are proposing. Please review the Instructions before filling out the forms.
3. Complete all parts of the application. Photocopy additional pages as needed.
4. Review the Activity Checklist(s) to be sure you have included all the required and necessary documentation for each activity that is included in this application.